



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

more use than hospitals. In time the town, I feel, would build a home for these nurses, one-half of which could be utilized as a hospital for the needy poor.

I am sorry to say there are two kinds of diplomacy practiced in our profession: one is deceit or make-believe, the other is tact, which implies honor, and those nurses who place honor above all things are the ones to do the district work. Thanking you for your space in the *JOURNAL* I am,

M. W., Boston.

WHERE DOES LOYALTY TO THE PHYSICIAN END?

I.

DEAR EDITOR: I had a most unfortunate experience recently when caring for a man who was ill with typhoid. The doctor, in passing the catheter, let it slip into the bladder and had to telegraph to a nearby city for a surgeon. The next day at noon an incision, one and a half inches long, was made in the suprapubic region and the catheter was removed. Of course the patient was desperately weak and for several days his life hung in the balance, but I am thankful to say he lived.

A few days before this operation, the doctor had ordered me to put the patient into the tub (a sitz bath tub), hoping to make him urinate, which I refused to do unless the doctor was present, as the patient's heart was not in the best shape and he was sufficiently rational not to wish me to do it alone. His old mother was the only other person in the house and she could not have helped.

When the surgeon came he brought another nurse with him, but I was given no help and had to prepare for the operation alone, with only a two-burner gasoline stove to use for boiling water and instruments, and I had to keep stopping to sponge the patient whose temperature was high. After the operation, the doctor told me the surgeon wanted the other nurse to stay on the case, which I gladly left in her hands.

The patient's people wanted to discharge the doctor, but being ignorant folks and not realizing their power, he talked them over into keeping him, and has since circulated all over town the story that if I had given him better help the accident would not have happened. What kind of a man must he be to need help with such a simple operation when the patient was perfectly sane?

H. S.

II.

(Condensed)

DEAR EDITOR: Some time ago I was called to a patient who had attempted suicide by taking "fifty cents' worth of paregoric, a pint of alcohol, and eight tablets." She was unconscious when I arrived; how long she had been so I do not know. Hot-water bottles had been used before my arrival and were cold when I removed them. A steam pack was ordered, which I gave with great care. There were burns at the points from which I had removed the bottles.

I was able to remain with the patient only twenty-four hours because of an obstetrical case then due, but I was asked to return and dress the burns. The patient was finally taken to a hospital and died after two weeks of "ulcer of the stomach, caused by burns."

Several weeks after her death her husband accused me of having caused

the burns, in which the doctor sustained him, asserting that there was no hot water in the house until after my arrival. A neighbor woman, the only other witness, was silent.

I am a comparative stranger in a small city where the doctor, whose word is law, is making a scapegoat of me. My professional reputation seems to be ruined. I cannot run away, because I am not guilty.

What redress has a nurse in the face of such injustice and disloyalty on the part of a doctor?
M. T.

III.

DEAR EDITOR: I wish to make a statement regarding a nurse and a doctor who were, I am sorry to say, on opposite sides in a lawsuit over a patient they had taken care of. Has a nurse any right to defend her reputation in a case of this kind when the doctor tries to place all the blame on her shoulders? Is it a nurse's duty to remove vaginal or uterine gauze after an operation, or is it the duty of the doctor?

I was called in July, 1908, to take care of a woman who was suffering from extra-uterine pregnancy. I stayed with her for three weeks, when it became apparent that an operation must be submitted to in order to save her life. I followed the doctor's directions and recorded everything faithfully on the sheet I was keeping. I took the patient to the hospital where she underwent the operation and stayed with her for four weeks more, until she left the hospital.

It turned out to be a pus case and the woman did not seem to get well or gain strength as fast as she should have done. She had a great deal of trouble with her bowels and could not get a natural action without taking physic or injections and sometimes both. She left the hospital after four weeks, the doctor telling her what to do in regard to her health and what to take for her bowels. She asked if she might go to the country where she could be with her sister and would not have to worry or work about the house until she was stronger. She went to the country and I left her and took a rest.

Before I went to work again, being interested in my patient, I went to see her and to my surprise found her quite ill. I tried to find out what the trouble was and learned that she could not get any passage of the bowels and was suffering intense pain. I immediately tried to move the bowels with an injection but with no result. Then I gave her, separately, salts and castor oil, but she could not retain them on the stomach. Knowing that she had just gone through this operation, I advised her husband to get her back home as soon as possible and have her own physician take care of her. I don't know how we ever did it or how the patient ever stood it, for the pain was so intense that I shall never forget the suffering that poor woman went through. We got her home and up to her own room and then I immediately telephoned the doctor to come, telling him of her condition. He came at once and the first thing he did was to order an olive oil enema to be given at once. In the first place he made an examination and stated that there was an impaction of the bowels. She retained the oil, and from that time on there was no action of the bowels for fourteen days except the water that returned from the injections. He used all kinds of laxatives and cathartics, but with no effect.

At the end of the fourteenth day, while giving her an injection, I found that I could not insert the rectal tube as high up in the bowel as I had been

doing. There seemed to be some pressure there that would not let the tube go any higher. The patient complained of great pain and said that she felt as if her bowels were going to move. I brought a slop jar that was thoroughly clean and assisted her to it, so that we could see what kind of an operation she would have. There was a large report of gas expelled and the patient and myself both heard something drop into the jar with great force and a loud thud. The patient, thinking her bowels had moved, got up from the jar with my assistance and we both looked into it to see how the passage looked. Her husband was standing there at the time and he also looked into the jar. We all noticed that it was a very peculiar movement and said so. I picked up the jar and carried it into the bath-room, the husband following, for he said that he wanted to know what that was. I took a burnt match and examined it and to my horror I found it was a hospital sponge. The husband immediately said that it looked like a rag and asked me what it was and I told him. What could I have done otherwise and be honest? It never entered my head that there would be a lawsuit.

I immediately telephoned to the doctor who had charge of the case and he came right over, as he lived only a couple of blocks away. I showed him the sponge just as it had passed into the slop jar and he examined it thoroughly. Then the family asked him what it was and he told them that it was a hospital sponge. The doctor told me to keep it until the next day. The next morning he came, and the woman's bowels were moving very freely by that time, but her husband had decided that he would sue the surgeon because of the intense suffering through which his wife had passed, and he kept the sponge to offer as evidence.

I had a talk with the surgeon in regard to the sponge and he told me that I should have thrown it away and not told the family. The husband saw it at the same time that I did, so how could I have done so? When I was asked right out what it was, should I have lied to them?

I should always have had it on my mind, and if the story had ever come out, where would my reputation have been? And still I felt that I must defend the doctor; that I am always willing to do and will stand by the doctors through thick and thin and will be strictly honest with them, but I will not tell a lie for any one, and if nurses must do so to defend the doctor then I don't care for the profession and I do not consider that I can do so and be as true and noble a woman as Florence Nightingale was. She is my ideal as to what a nurse should be. The nurses are taught that they must stand by the doctor whether he is in the right or wrong, but when a doctor will have his lawyers and insinuate, himself, that the blame belongs on the nurse's shoulders, I think it is time for her to defend herself and have some voice in the matter. To my mind in this case, it was merely an accident and I am very sorry that it happened. The case has been tried twice and in both instances the jury awarded the woman damages and a larger amount the second time than the first. I should like to know if I did the right thing in regard to the case all through and what other nurses would have done had they been in my place.

What is the nurse to do when she is asked a question, lie or speak the truth? Especially if it goes against the doctor, must she tell a lie to defend him? I tried to keep out of the way of meeting the lawyers, but it was of no use, I was called into court to testify as to when the sponge passed and how. E. C.